

Please type a plus sign (+) inside this box →

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. 1.53(b))	Attorney Docket No. SN-US035080	
	First Inventor	Shinpei OKAJIMA
	Title	BICYCLE RIM
	Express Mail Label No.	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 33] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C.113) [Total Sheets 11] 5. Oath or Declaration [Total Pages 1] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p>ACCOMPANYING APPLICATIONS PARTS</p> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input checked="" type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

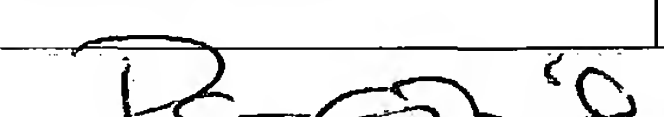
of prior application No: _____ / _____

Prior application information: Examiner _____

Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS						
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		22919 (Insert Customer No. or Attach bar code label here)		or <input type="checkbox"/> Correspondence address below		
Name	Patrick A. Hilsmier Shinju Global IP Counselors, LLP					
Address	1233 Twentieth Street, NW Suite 700					
City	Washington	State	DC	Zip Code	20036-2680	
Country	Unit d States	Telephone	(202) 293-0444	Fax	(202) 293-0445	

Name (Print/Type)	Patrick A. Hilsmi r	Registration No. (Attorney/Agent)	46,034
Signature		Date	08/01/03

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL FORM

Attorney Docket No.: **SN-US035080**

ASSISTANT COMMISSIONER OF PATENTS
BOX: PATENT APPLICATION
Washington, D.C. 20231

Transmitted herewith for filing is the patent application of

Inventor: **Shinpei OKAJIMA**

For: **BICYCLE RIM**

The filing fee for filing this patent application has been calculated as follows:

(Col. 1)		(Col. 2)		SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
FOR:	NO. FILED		NO. EXTRA	RATE	FEE		RATE	FEE
BASIC FEE					\$375.00	OR		\$750.00
TOTAL	30	- 20 =	10	x 09 =	\$		x 18 =	\$180.00
INDEP	2	- 3 =	0	x 42 =	\$		x 84 =	\$
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS				+ 140 =	\$		+ 280 =	\$
If the difference in Col. 1 is less than zero, enter "0" in Col. 2				TOTAL	\$		TOTAL	\$930.00

☒ A check is enclosed in the amount of \$ **970.00** to cover ☒ the above calculated filing fee and ☒ the \$40.00 Assignment recording fee.

☐ Please charge our Deposit Account No. **50-1836** in the amount of \$ _____ to cover ☐ the above calculated filing fee and ☐ the \$40.00 Assignment recording fee.

☐ Other:

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **50-1836**. A duplicate copy of this sheet is attached.

☒ Any additional excess claim fees under 37 CFR 1.16.

☒ Any additional patent application processing fees under 37 CFR 1.17.

Dated: 08/01/03



Patrick A. Hilsmier
Reg. No. 46,034

SHINJYU GLOBAL IP COUNSELORS, LLP
1233 Twentieth Street, NW, Suite 700
Washington, D.C. 20036
(202)-293-0444